Liability Declaration Form

Pony Club Association of Queensland Inc. 30 June 2020 - 30 June 2021

Every Day Participant (Non-Member) Must Complete This Form

Please 1	Tick The Appropriate Box:	
	I am a current member of an equine association, and/or I hold a current insurance policy, which provides me with 24/7 Public Liability insurance to the minimum limit of \$10,000,000 per occurrence. The equine association I am a member of: and my membership / policy number is:	
	I understand that I will not be covered under the PCAQ Insurance Programme should a claim be made against me.	
	I am not a member of any of the below and do not have a current Public Liability policy with a minimum of \$10,000,000 cover so will complete the Registered Participant Application. I am aware that this is not Personal Liability Insurance so cover does not extend to cover travel to and from this show. I am also aware that no Personal Accident cover is provided.	
Please t	tick if you are a member of:	
	Equestrian Australia (please note you must be a direct member of your state branch and not just an affiliated club).	
	Arabian Horse Society of Australia (please note you must be a financial member of the AHSA and not just an affiliated club).	
	Inter-State Pony Club	
	Other (please specify):	
	I hold my own personal liability policy for my equestrian activities. The insurance company is:and I attach my Certificate of Currency.	
organisin entered o shall be o	deration of your accepting my participation, I hereby undertake to indemnify the organising body against all claims, losses, suits and damages made against or suffered by the ng body by reason of any negligent act or omission on the part of any rider, driver, trainer or attendant whilst he/she is attending, riding, driving or otherwise handling any horse so or any other horse owned or entered by me, and I agree that any act or omission on the part of such rider, driver, handler or attendant found in any action against you to be neglig deemed to have been negligent for the purpose of any claim under this indemnity. Further, I agree to abide by the Rules & Conditions and current Rule Book as laid down by the Ib Association of Queensland and/or contained in any official show schedule and I also agree to abide by all of the Showground rules regarding use of their centre and its facilities	ent
Print Nan	me: Dated:	
Signed:_	Contact Phone Number:	
For Part	ticipants of Minority Age (Under Age 18)	
provided a	o certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept all of the above and consent and agree to his/her release as above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities rom my minor child's involvement or participation in horse sport activities and in particular, this event, even if arising from the negligence of the Releasees.	3
Signed:_	Contact Phone Number:	





